Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000159511 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

COR AMND/RESTATE/CORRECT OR O/D RESIGN MIRACLE RECREATION EQUIPMENT COMPANY

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

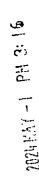
Electronic Filing Menu

Corporate Filing Menu

Help

J DENINIS

WAY - 0.0034



To:

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuam to s. 607,1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

Mira	acle Recreation Equipment (lompany		
	(Document number of	corporation (if known)		
F05000007491				
(Name of	corporation as it appears on	the records of the Departmen	it of State)	
lowa .		3. 12/04/2006		
(Incorporated unde	r laws of)	3. 12/04/2006 (Date authorized	to do business in	Florida)
(4-		ION II E APPLICABLE CHANGI	E S)	
If the amendment changes the name of a incorporation?			aws of its jurisdic	tion of
5. (Name of corporation after the amendal not contained in new name of the corporation).	nent, adding suffix "corporat	ion," "company," or "incurpe	orated,* or approp	riate abbreviation,
(It new name is unavailable in Florida,				
6. If the amendment changes the peri				190 April 100 Ap
	(New d	uration)		
7. If the amendment changes the juris	sdiction of incorporation, ind	icate new jurisdiction.		
	(New jui	isdiction)		
If amending the registered agent and new registered agent and/or the new		s in Florida, enter the nam	e of the	
Name of New Registered Agent				
-	(Florida stree	t address)		
New Revistered Office Address:	(City)	F	Florida (Zip Cod	le)
New Registered Agent's Signature, i	f changing Registered Ages	nt:		
I hereby accept the appointment as reg	istered agent. I am familiar	with and accept the obligation	ons of the position	1.
Signature of New Res	gistered Agent, if changing			

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title/ Capacity	<u>Name</u>	Address	Type of Action
Authorize Signor	Mike Pruss	878 E Hwy 60	Add
		MONETT, MO 65708	1×3cmove
	<u> </u>		Add
			L.Remove
			
			L.Remove
			Adß
			L_Remove
	1111		Add
			Remove
10. Attached is a of the applica under the law	certificate or document of similar import, entron to the Department of State, by the Secret is of which it is incorporated	videncing the amendment, authoriticated n lary of State or other official having custody	ot more than 90 days prior to delivery of corporate records in the jurisdiction
	(Supparture of a dure	tor, president or other officer - if in the han	ds of
	a receiver or other c	ourt appointed fiduciary, by that fiduciary)	***
David Stary	(Typed or printed name of person signing)	04-30-2024	
	A LYDOU OF DEFINIOU HAIRE OF DELEGY SIGNING!	(Tille of be	rson signing)

FILING FEE \$35.00